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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10597634 | <b>Applicant(s)/Patent Under Reexamination</b><br>KANEKO, AKIHIRO |
|   | <b>Examiner</b><br>QING WU                 | <b>Art Unit</b><br>2196   |

| ORIGINAL           |                                   |  |          |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|--|----------|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|--|
| CLASS              |                                   |  | SUBCLASS |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |  |
| 718                |                                   |  | 100      |  |  | G                            | 0 | 6 | F | 9 / 46 (2006.0)      |             |  |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |  |          |  |  | G                            | 0 | 6 | F | 15 / 76 (2006.01.01) |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
| 718                | 101                               |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
| 712                | 28                                |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 16    | 17       | 26    | 33       |       |          |       |          |       |          |       |          |       |          |
|   | 2        | 17    | 18       | 27    | 34       |       |          |       |          |       |          |       |          |       |          |
| 2   | 3        | 18    | 19       | 28    | 35       |       |          |       |          |       |          |       |          |       |          |
| 3   | 4        |       | 20       | 29    | 36       |       |          |       |          |       |          |       |          |       |          |
| 4   | 5        |       | 21       | 30    | 37       |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        |       | 22       | 31    | 38       |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        |       | 23       | 32    | 39       |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 10       | 19    | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 11       | 20    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 12       | 21    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 13       | 22    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 14       | 23    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 15       | 24    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 16       | 25    | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

|   |            |                              |                   |
|---|------------|------------------------------|-------------------|
| NONE  |            | <b>Total Claims Allowed:</b> |                   |
|   |            | 32                           |                   |
| (Assistant Examiner)                        | (Date)     |                              |                   |
| /QING WU/<br>Primary Examiner.Art Unit 2196 | 02/24/2011 | O.G. Print Claim(s)          | O.G. Print Figure |
| (Primary Examiner)                          | (Date)     | 19                           | 6                 |